

EEO COUNSELOR'S REPORT
(29 CFR, Section 1614.105©)

DCHR-EEO
SEEM
2001 East Capital Street
Washington, DC 20003-1719

AGGRIEVED PERSON

Name: _____
Job Title, Series, and Grade: _____
Organizational Unit and Address (If different than above): _____

Telephone (Work): _____
Home Address: _____
Representative (Name): _____ Phone: _____

CHRONOLOGY OF EEO COUNSELING

Date of Initial Contact: _____
Date of Initial Interview: _____
45th Day After Event: _____
Reason for Contact Beyond 45th Day (if applicable): _____

Date of Final Interview: _____
Date of Notice of Right to File a Formal Complaint: _____
Date Counselor's Report Submitted to SEEM: _____

BASIS FOR ALLEGED DISCRIMINATION

____ Race (Specify) _____
____ Color (Specify) _____
____ National Origin (Specify) _____
____ Gender (M/F) _____
____ Age (Specify age when the alleged discrimination occurred) _____
____ Physical/Mental Disability (Specify) _____
____ Retaliation/Reprisal (Identify earlier event and/or opposed practice, give date) _____
____ Religion (Specify): _____

ALLEGATION(S) OF DISCRIMINATION

REMEDY REQUESTED

EEO COUNSELOR'S CHECKLIST

See Attachment

SUMMARY OF INFORMAL RESOLUTION ATTEMPTS INCLUDING ADR
N/A

Name of Counselor

DSN:
Telephone Number

Signature of Counselor

Date

Office Address
